

BARGAINING UNIT:

CSEA A PARA SPEC ED SUSU POLICE
 STA ADULT SPPA USA CONF MGT

CLASSIFICATION:

CERTIFICATED CLASSIFIED STUDENT

EMPLOYEE TYPE:

SUBSTITUTE EMPLOYEE RETIREE
 REGULAR EMPLOYEE REGULAR EMPLOYEE OFF TRACK

STOCKTON UNIFIED SCHOOL DISTRICT
 701 NORTH MADISON STREET • STOCKTON, CA 95202-1687

PAYROLL TIME SHEET

DUE IN PAYROLL NO LATER THAN THE 12TH DAY OF THE MONTH - NO EXCEPTIONS
 (IMPORTANT: See back for instructions - Refer to Item #7)

Employee ID # _____ MONTH OF _____ YEAR OF _____

NAME _____ EMPLOYEE'S SIGNATURE _____

IMPORTANT:
 USE INK OR TYPEWRITER
 Incomplete, illegible, or incorrect data
 will delay payment.

| Date | Site/ Location | Job Number | * Work Performed (or) Absent Employee | Account Number | Total Hours/Days | Title/ Position | Approval of Supervisor or Designee |
|------|-------------------|---------------|---|----------------|---------------------|--------------------|---------------------------------------|
| | | | | | | | 1 |
| | | | | | | | 2 |
| | | | | | | | 3 |
| | | | | | | | 4 |
| | | | | | | | 5 |
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| | | | | | | | 7 |
| | | | | | | | 8 |
| | | | | | | | 9 |
| | | | | | | | 10 |
| | | | | | | | 11 |
| | | | | | | | 12 |

DO NOT WRITE BELOW THIS LINE: FOR PAYROLL USE ONLY
GRAND TOTAL

| # of Hrs/Dys | Hour Code | Rate | Total | # of Hrs/Dys | Hour Code | Rate | Total | # of Hrs/Dys | Hour Code | Rate | Total |
|--------------|-----------|------|-------|--------------|-----------|------|-------|--------------|-----------|------|-------|
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